

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)

SERIAL NO. **09/787 300** FILING DATE

APPLICANT(S)

4/5/05 CLAIMS

1	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
2			1		1	
3				1		1
4				1		1
5			1			
6				1		
7					1	
8				1		1
9				1		1
10				1		1
11				1		1
12			1			
13				1		
14					1	
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17						
18					1	
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20					1	
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23			1		1	
24					1	
25						
26					1	
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28					1	
29						
30					1	
31						
32			1		1	
33					1	
34						
35					1	
36						
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38						
39			1			
40						
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42						
43						
44						
45					1	
46						
47				1		
48					1	
49						
50					1	
TOTAL 1 <sup>ST</sup>			6			
TOTAL 2 <sup>ND</sup>			31			
TOTAL CLAIMS			39			

4/5/05					
IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1			
52		1			
53					
54					
55					
56					
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95					
96					
97					
98					
99					
100					
TOTAL IND.		6			
TOTAL DEP.		35			
TOTAL CLAIMS		41			